

OFFICE OF INSURANCE COMMISSIONER

To request an interpreter,
complete and mail this form to:

Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

(For information, call (360) 725-7002)

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. _____, before the Insurance Commissioner. I NEED AN INTERPRETER and request that one be furnished.

(Please check the statements that apply to you:)

☐ I am a non-English-speaking person. I cannot readily speak or understand the English language. My primary language is _____ (Insert your primary language). I need an interpreter who can translate to and from the primary language and English.

☐ I am unable to readily understand or communicate the spoken English language because:

☐ I am deaf.

☐ I have an impairment of hearing.

☐ I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the commissioner or presiding officer in arranging for a suitable interpreter, or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____

Signed: _____

[Please print or type your name:] _____

Address where I can be contacted: _____

Telephone number by which I can be contacted: _____